

State of California - Health and Welfare Agency		Department of Alcohol and Drug Programs	
MONTHLY INTERIM PAYMENT CLAIM for Drug/Medi-Cal State General Funds (SGF) - Fiscal Year 1997-98			
CHECK ONE FOR EACH LINE:		NAME AND ADDRESS OF COUNTY OR DIRECT CONTRACT PROVIDER _____ _____ _____	
<input type="checkbox"/> County	<input type="checkbox"/> Direct Provider		
<input type="checkbox"/> Non-Perinatal (20)	<input type="checkbox"/> Perinatal (25)		
<input type="checkbox"/> Non-Minor Consent	<input type="checkbox"/> Minor Consent		
ADP Contract # _____	County: _____	Mo/Yr. of Claim _____	
NARCOTIC TREATMENT PROGRAMS (NTP)			
Type of Service	Projected Units of Service	Cost Per Unit of Service	NET CLAIM
Methadone or LAAM			
Individual Counseling			
Group Counseling			
FEDERAL AND STATE SHARE SUB -TOTAL			
OTHER DRUG/MEDI-CAL MODALITIES			
Type of Service	Projected Units of Service	Cost Per Unit of Service	NET CLAIM
Day Care Habilitative			
Outpatient Drug Free - Group			
Outpatient Drug Free - Indiv.			
Naltrexone			
Perinatal Residential			
FEDERAL AND STATE SHARE SUB -TOTAL			
GRAND TOTAL (Federal and State Share) - NTP & Other Drug/Medi-Cal Modalities			
Signature of Fiscal Representative		Date	
Typed Name of Fiscal Representative		Telephone Number	
ADP PROGRAM CERTIFICATION			
I hereby certify that this request is in accordance with the existing contract and is approved for payment.			
TOTAL STATE GENERAL FUNDS (49.77% for 7/1/97 to 9/30/97 and 48.77% for 10/1/97 to 6/30/98 - Except for Regular Alcohol/Drug Minor Consent(*))			

ADP Analyst Approval	Date
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